

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014500

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 852

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Affton

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Miller Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5445 Bates Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
ALBERT G ZIEGLER

4. DATE OF DEATH
Month Day Year
March 9 1963

5. SEX
male

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
9/3/1880

9. AGE (last birthday)
82 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George Ziegler

13b. MOTHER'S MAIDEN NAME

Caroline -----

14. NAME OF HUSBAND OR WIFE

Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Ethel Trinka 5640 Finkman

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocarditis, chronic
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
1 year

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-22-62 to 3-9-63 and last saw him alive on 3-3-63
Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
M. R. Walucki MD

22b. ADDRESS
8916 Graven

22c. DATE SIGNED
3-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
entombment

23b. DATE
3/12/1963

23c. NAME OF CEMETERY OR CREMATORY
Mt. Hope Mausoleum

23d. LOCATION (City, town, or county) (State)
St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS
John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.
3-11-63

26. REGISTRAR'S SIGNATURE
John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS:300
Rev. 4/59

14000

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9422.1

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1286-0

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Graves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.